

| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number Q48500 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------|--|-------------------------|---|--|---|--|---|--|---------|-----------------|--|----------|----------|-------------------------|--|-----------|----------|-------------------------|---|-----------|----------|-------------------------|---|-----------|-----------|-------------------------|
| FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> | | Confirmation Number 6198 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Number 08/987,380 | | Filing Date December 9, 1997 | | | | | | | | | | | | | | | | | | | | | | | | | |
| For GRANULAR PESTICIDAL COMPOSITION | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit 1627 | | Examiner Name Shengjun Wang | | | | | | | | | | | | | | | | | | | | | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> <td style="text-align: center;"><u>\$130.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1110.00</td> <td style="text-align: center;">\$555.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1730.00</td> <td style="text-align: center;">\$865.00</td> <td style="text-align: center;"><u> </u></td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2350.00</td> <td style="text-align: center;">\$1175.00</td> <td style="text-align: center;"><u> </u></td> </tr> </tbody> </table> | | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130.00 | \$65.00 | <u>\$130.00</u> | <input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) | \$490.00 | \$245.00 | <u> </u> | <input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$1110.00 | \$555.00 | <u> </u> | <input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) | \$1730.00 | \$865.00 | <u> </u> | <input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) | \$2350.00 | \$1175.00 | <u> </u> |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130.00 | \$65.00 | <u>\$130.00</u> | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Previous Payment Amount Date Submitted _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am the <table style="margin-left: 20px; margin-top: 0;"> <tr> <td><input type="checkbox"/> applicant/inventor</td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.</td> </tr> <tr> <td><input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,444</u></td> </tr> <tr> <td><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</td> </tr> <tr> <td><input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____</td> </tr> </table> | | | | <input type="checkbox"/> applicant/inventor | <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,444</u> | <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____ | | | | | | | | | | | | | | | | | | |
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| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,444</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Registration number if acting under 37 CFR 1.34 _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>/ Michael G. Raucci /</u> <small>Signature</small> | | <u>April 6, 2011</u> <small>Date</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Michael G. Raucci</u> <small>Typed or printed name</small> | | <u>(202) 293-7060</u> <small>Telephone Number</small> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Total of <u>1</u> form is submitted. | | | | | | | | | | | | | | | | | | | | | | | | | | | |